

## WIC MEDICAL REFERRAL INFANTS AND CHILDREN (THROUGH 4 YEARS OF AGE)

Completion of this form is voluntary. Personally identifiable information is used to determine WIC services (e.g., certification / enrollment and food package issuance) and may be disclosed to others only as allowed by state and federal laws.

**INSTRUCTIONS:** To facilitate WIC services (certification and food package issuance) for your WIC-eligible patient, fill in the blanks and check the boxes, as appropriate, and return this form to the WIC Project indicated at the bottom of the page.

Patient's First and Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parent / Caregiver's First and Last Name \_\_\_\_\_

### ALL INFANTS AND CHILDREN

Present weight \_\_\_\_\_ Hct \_\_\_\_\_ % and/or Hgb \_\_\_\_\_ gm  
Length / stature \_\_\_\_\_ Date taken \_\_\_\_\_  
☐ recumbent or ☐ standing Blood lead \_\_\_\_\_  
Date taken \_\_\_\_\_ Date taken \_\_\_\_\_  
Vitamin / Mineral Rx \_\_\_\_\_

### INFANTS ONLY

Birth weight \_\_\_\_\_  
Birth length \_\_\_\_\_  
Gestational age \_\_\_\_\_  
E.D.D. \_\_\_\_\_

### INFANTS

#### Medical conditions the mother had prenatally

- ☐ anemia ☐ high blood lead ☐ food allergy or intolerance, specify \_\_\_\_\_  
☐ pregnancy-induced hypertension ☐ gestational diabetes \_\_\_\_\_  
☐ nutrition-related infectious or chronic disease, genetic or central nervous system disorder, or other medical condition, specify \_\_\_\_\_

#### Current nutrition-related health problems

- ☐ pyloric stenosis ☐ GI reflux ☐ LGA at birth ☐ currently LGA ☐ head circumference <5th percentile

### ALL INFANTS AND CHILDREN - Current nutrition-related health problems

- ☐ SGA at birth ☐ food allergy or intolerance, specify \_\_\_\_\_ ☐ failure to thrive  
☐ currently SGA ☐ recent surgery, trauma, or burns, specify \_\_\_\_\_  
☐ infectious disease in last 6 months, specify:  
☐ pneumonia ☐ HIV or AIDS ☐ tuberculosis  
☐ bronchiolitis (# episodes in last 6 mos \_\_\_\_\_) ☐ meningitis ☐ parasitic infection  
☐ nutrition-related chronic disease, genetic or central nervous system disorder, or other medical condition \_\_\_\_\_

### FORMULA PRESCRIBED

#### Special formula for infants and children:

- ☐ Similac NeoSure Advance ☐ Enfamil AR LIPIL or Enfamil AR ☐ Kindercal ☐ Pediatric EO28  
☐ Enfamil EnfaCare LIPIL ☐ Neocate ☐ PediaSure ☐ EleCare  
☐ Enfamil Nutramigen LIPIL or Enfamil Nutramigen ☐ Similac PM 60/40 ☐ PediaSure w/Fiber ☐ Portagen  
☐ Alimentum Advance or Alimentum ☐ Enfamil Pregestimil

#### Standard formula for children:

- ☐ Similac with Iron ☐ Isomil Soy with Iron ☐ Similac Lactose Free with Iron  
☐ Similac Advance with Iron ☐ Isomil Advance Soy with Iron ☐ Similac Lactose Free Advance with Iron

#### Intended length of use \_\_\_\_\_

### Additional Diagnoses / Health Concerns / Diet Orders

**SIGNATURE** - Health Care Provider \_\_\_\_\_ Date Signed \_\_\_\_\_  
(Physician, physician assistant, or advanced practice nurse prescriber signature is required for prescription of special formulas and formulas for children.)

Medical Office / Clinic \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

### LOCAL WIC PROJECT:

WIC is an Equal Opportunity Provider and Employer